



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380
FAX (919) 733-8271

APPLICATION FOR COURTESY CARD

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) This application must be accompanied by a fee of \$75.00. Review courtesy card requirements carefully as the fee is non-refundable. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$25.00 will be charged for returned checks.
- 3) This application must be accompanied by a small, recent photograph of the applicant.
- 4) An applicant must provide verification(s) that he or she holds a valid license in good standing from each state licensing board regulating the jurisdiction(s) where the applicant is currently licensed.
- 5) Applications that are not completed within thirty (30) days of submission to the North Carolina Board of Funeral Service shall be denied.

1. Full Name: _____
2. Physical Address of Personal Residence: _____
 City: _____ County: _____ Zip: _____
3. Mailing Address of Personal Residence (if different than Physical Address): _____
 City: _____ County: _____ Zip: _____
4. Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____
5. E-mail address: _____ Social Security Number: _____
6. Date of Birth: _____ Place of Birth: _____ Sex: _____
7. Name and Address of Present Employer: _____

8. Which type of courtesy card are you seeking? _____ Funeral Service _____ Funeral Directing _____ Embalming
9. In what jurisdiction(s) do you presently hold a funeral service, funeral directing, or embalming license? _____

10. List any and all license(s) held in the jurisdiction(s) listed in response to Question 9. For each license, provide the license number and its expiration date.

11. Have you ever had any occupational or business license which has been denied, suspended, or revoked by any local, state, or federal agency?
 _____ Yes _____ No **If yes, attach a statement providing complete details as to the reason for denial and the date, location and details of any violation that led to action against your license, the terms of any discipline imposed by the licensing authority and whether said terms have been satisfied.**

12. Have you ever been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)?

_____ Yes _____ No **If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.**

13. Within the preceding two (2) years, have you been the subject of any investigation for employee misclassification?

_____ Yes _____ No **If yes, attach a statement giving complete details as to the results of the investigation.**

NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

VERIFICATION BY APPLICANT

State of North Carolina, County of _____

_____ (Applicant for Courtesy Card), being first duly sworn, deposes and says that he (she) is the person applying for renewal of the Courtesy Card referenced herein; that he (she) is the person who prepared the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things he (she) believes them to be true. The applicant agrees to strictly observe the provisions of the laws of the State of North Carolina, and the Rules of the North Carolina Board of Funeral Service. The applicant further agrees not to establish or maintain a funeral establishment in North Carolina. The applicant further agrees not to advertise funeral services in North Carolina. The applicant understands that, should a Courtesy Card be granted, it may be revoked or suspended under the provisions of Article 13C, Chapter 90, General Statutes of North Carolina and the Rules and Regulations of the Board of Funeral Service adopted pursuant to said Article.

Signature of Applicant

STATE OF NORTH CAROLINA

COUNTY OF _____

Sworn to and subscribed before me by _____ this the _____
Name of Applicant
day of _____, 20 ____.

SEAL

Notary Public – Official Signature

My commission expires: _____

Notary Public – Printed Name